



# TEXAS FORENSIC SCIENCE COMMISSION

*Justice Through Science*

*1700 North Congress Ave., Suite 445  
Austin, Texas 78701*

## **SPECIFIC COURSEWORK AND PROFICIENCY TESTING CERTIFICATION FORM**

**Please use this form for license applications filed before January 1, 2019 only.**

### **Specific Coursework Requirements Certification – Accrediting Body Compliance**

All Forensic Analyst License applicants who apply before January 1, 2019 must satisfy the specific coursework requirements of their employing laboratory's accrediting body in accordance with the employee's forensic discipline, with the exception of applicants seeking a license as a Forensic Biology Analyst. Forensic Biology Analysts must also demonstrate they have fulfilled the specific coursework requirements of the Federal Bureau of Investigation's Quality Assurance Standards for Forensic DNA Testing (2011). The applicant's employing laboratory's authorized representative must sign this form indicating the employee meets these requirements.

### **Proficiency Testing Requirements Certification – Accrediting Body Compliance**

In addition to demonstrating compliance with the specific coursework requirements above, applicants must also obtain signed certification from the employing laboratory's authorized representative that the applicant has satisfied any applicable proficiency testing requirements of the laboratory's accrediting body as of the date of the analyst's application.

Note: The Commission is aware that not all analysts are required to take proficiency tests immediately and as a result there may be a delay between the analyst's initial license application and the date by which the analyst's first proficiency test is required. Any analyst who has not been proficiency tested because such testing is not yet required by the accrediting body should still be included as in compliance with the accrediting body's requirements.

Each laboratory only needs to sign this form once and attach a list of forensic analyst and/or technician names and update its list of qualified employees as necessary. **The form must be distributed to your employees for uploading to each of their license applications in TopClass.**

Laboratory Name:

Laboratory Representative/Director:

Laboratory's National Accrediting Body:

### **Certification Part 1 (of 2):**

Names of Employees and corresponding forensic disciplines of those who are currently in compliance with specific coursework requirements of the laboratory's accrediting body in accordance with each employee's forensic discipline or the Federal Bureau of Investigation's Quality Assurance Standards for Forensic DNA Testing as applicable:

Attach additional pages as necessary.

I certify that the individual(s) named above or named in the attached document(s) as Employee(s) are currently in compliance with the laboratory's accrediting body's specific coursework requirements for their corresponding forensic disciplines or the Federal Bureau of Investigation's Quality Assurance Standards for Forensic DNA Testing as applicable.

\_\_\_\_\_  
Laboratory Representative/Director Printed Name

\_\_\_\_\_  
Laboratory Representative/Director Signature

\_\_\_\_\_  
DATE

**Certification Part 2 (of 2)**

I hereby certify that each person listed in Certification Part 1 above is also in compliance with the proficiency testing requirements of the laboratory's accrediting body.

\_\_\_\_\_  
Laboratory Representative/Director Printed Name

\_\_\_\_\_  
Laboratory Representative/Director Signature

\_\_\_\_\_  
DATE

**OR (if the list provided in Part 1 above is not the same for Part 2 below):**

The following individuals certified in Part 1 above cannot be certified as being in compliance with the proficiency testing requirements (please provide an explanation for each individual who has not fulfilled proficiency testing requirements):

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Laboratory Representative/Director Printed Name

\_\_\_\_\_  
Laboratory Representative/Director Signature

\_\_\_\_\_  
DATE

**THIS COMPLETED FORM MUST BE UPLOADED TO EACH INDIVIDUAL LICENSEE'S APPLICATION IN TOPCLASS.**